

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BEST AVAILABLE COPY		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BEST AVAILABLE COPY		5/7/99

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Date
Final	Original
1	2/12/99
2	2/12/99
3	2/12/99
4	2/12/99
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49	2/12/99
50	2/12/99

Claim	Date
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Claim	Date
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